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Three months after the onset, bruises appeared again, the red count fell to 2,612,000, hæmoglobin 32 per cent., platelets 181,000. The patient died suddenly after cerebral hæmorrhage.

The post-mortem examination showed carcinoma of the prostate invading the rectal wall with secondary deposits in the pelvic glands and liver. The spleen was not enlarged.

Dr. CYRIL OGLE said he would give an account of a fatal case of purpura with thrombocytopenia and with a very small spleen.

A woman (E. E.), aged 47, married, health previously good. Illness of only sixteen days. Died January 25, 1928. Lassitude; violent epistaxis; bleeding from gums; extensive purpura, both petechial and blotchy; severe headache; a normal temperature (99·8° F. at most). Twelve hours before death became suddenly comatose, with contracted pupils; slow pulse (60); intermittent and infrequent respiration (6 per minute). No operation was undertaken.

Post-mortem: Patechial hæmorrhage in heart and elsewhere, especially inside scalp (headache). A large extravasation of blood in right lobe of the cerebellum, pressing on pons and medulla. Spleen very small and wrinkled, barely 2 oz. in weight. Bone-marrow showed no erythroblastic reaction, markedly pale in epiphyses.

Blood-examination during life: Red cells, 2,320,000; no abnormality; no nucleated red cells. Leucocytes, 3,200—a leucopenia; polymorphs, only 24 per cent.; lymphocytes, 72 per cent.; mononuclears, 4 per cent.; colour index good, = ·936. No platelets to be seen. Bleeding time prolonged; still bleeding after nine minutes (control = two minutes). Wassermann reaction positive.

He asked whether death might have been averted had the spleen been removed—diminutive as it was and inactive, one might assume by its appearance.

Does such a clinical picture of thrombocytopenic purpura in itself call for splenectomy (after transfusion) although the spleen be not enlarged or even normal in size, but shrivelled? Should the decision as regards its removal be influenced by the size of the spleen, or should this be neglected?

Dr. SUTHERLAND said that the cases to which he had referred all began in early life. Whatever the size of the spleen might be, and whether or not it could be felt, did not affect the decision as to operation.

Dr. MYERS (in reply) said that if the cases referred to by Dr. Cassidy had been true essential thrombocytopenic purpura hæmorrhagica the thrombocytes would have been 40,000 or many less per c.mm. instead of 120,000 to 181,000. Also, the capillary resistance test should have been positive instead of negative. The bleeding time in this case had been unusual but there would appear to have been another explanation for it.

X-Ray Burn of the Anus treated by Excision and Plastic Surgery.

By J. P. LOCKHART-MUMMERY, F.R.C.S.

THE patient, a woman, had X-ray treatment in the provinces for pruritus. It was followed by burning of the skin and telangiectasis. For the last two years she has been suffering from attacks resembling acute erysipelas on the affected skin, accompanied by high temperature (up to 105° F.) and considerable pain. These attacks have become much more frequent and now come on every third week. Two attacks occurred whilst she was in the hospital within a fortnight of each other.

It was decided to remove the affected skin and transplant flaps by the method illustrated, one side being done at a time.

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Discussion.—Sir HERBERT WATERHOUSE (President) said he entirely agreed with Mr. Mummery about X-ray treatment of pruritus. He himself had seen a case in which that treatment had been followed by epithelioma, and he regarded it as dangerous. He asked

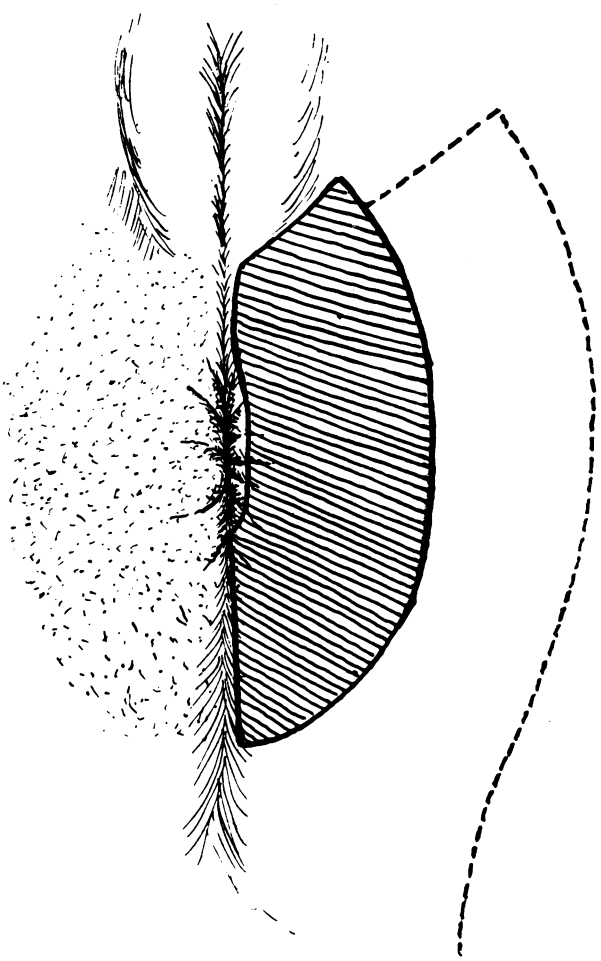

FIG. 1.

Showing skin cut away (shaded area) and flap marked out (dotted line).

whether this flap method would be justifiable for persistent pruritus ani without the complication of an X-ray burn.

Mr. LOCKHART-MUMMERY (in reply) said he considered that for pruritus ani itself Sir Charles Ball's operation was adequate. It was not risky and patients did extremely well

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after it. He had performed it about 120 times, and the failures were not more than 5 per cent. But much depended on what one called a failure. He had not had a case in which the pruritus was not cured by the operation, but in a small proportion the condition returned.

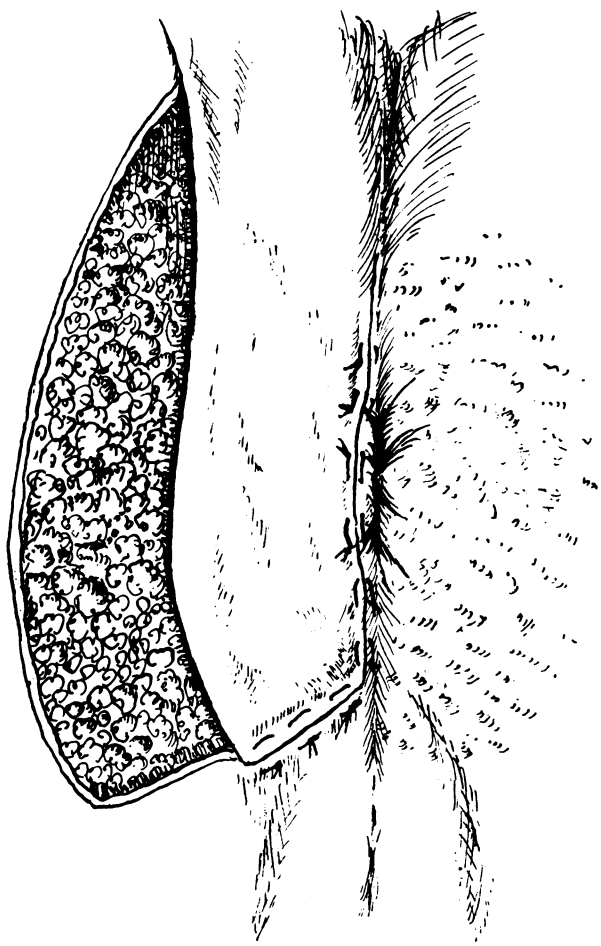

FIG. 2.

Flap shifted and sewn into position at anal margin.

He did not get trouble from hæmatoma after Ball's operation, as he dressed and drained the cases in a special way. When benefit did not result it was usually because the surgeon had not gone high enough to divide the cutaneous nerves. He tested the area a week afterwards, and if there was not complete anæsthesia, the operation had failed.